

Kinship Care Workgroup

*Report to the
Washington State Legislature
November 2002*



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Kinship Care Workgroup 2002 Report to the Legislature

Many people think this could not happen to them because it's a race issue or a poverty issue or a result of poor parenting... It is time that the world is made aware of some facts – we do not do this for our health. We ... spend thousands of dollars in legal battles, and change our lifestyles for the simple reason that we love these children. Even fearing what might happen, the stress of caring for my grandchildren is much better than the stress of not knowing where or how they are.

~ Susan Sparks, Caregiver

***Economic Services Administration
Department of Social and Health Services***

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ACKNOWLEDGMENTS

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We wish to thank the following individuals who participated actively in the Kinship Care Workgroup and/or subcommittees. Without their invaluable contributions, this report would not have been possible. (Asterisk denotes subcommittee co-chair; organization listed for identification only.)

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Executive Sponsorship

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EXECUTIVE SUMMARY

Background

In June 2002, the Washington State Institute for Public Policy (WSIPP) issued its report, *Kinship Care in Washington State: Prevalence, Policy, and Needs*, as directed by the 2001 State Legislature. In the 2002 legislative session, Substitute House Bill 1397 (Chapter 144, Laws of 2002 – Chapter 74.13 RCW) directed the Department of Social and Health Services (DSHS) to “convene a kinship caregivers working group” to brief the Legislature by November 1, 2002, on “policy issues to be considered in making kinship care a robust component of the out-of-home placements spectrum.” This Kinship Care Report is the result of these efforts.

The Kinship Care Workgroup was created on May 29, 2002, when Representative Kip Tokuda hosted a meeting of interested stakeholders in Seattle. At the next meeting in June, four subcommittees were formed, roughly parallel to the key issue areas identified in the WSIPP report – financial needs, legal issues, social services, and systems change. (The systems change subcommittee addressed the issues of “bureaucratic barriers” and “information gaps” from the WSIPP report.) Recommendations were drafted by the subcommittees and reviewed and ratified by the full Workgroup. More than 100 individuals participated, including grandparents and other relative caregivers, DSHS and other state agency staff, legislative staff, representatives of the legal community, and advocates for children and families.

Recommendations

The Kinship Care Workgroup is putting forward 16 high priority recommendations for legislative and/or administrative action, and an additional 7 medium priority recommendations. Of these 16, the Workgroup recommends 11 for short-term implementation (during the 2003-2005 biennium) and 5 for long-term implementation (during the 2005-2007 biennium). The 16 high priority recommendations are summarized below and described in greater detail in the full report where they are organized by issue areas. The medium priority recommendations are presented only in the full report. The report concludes with a high priority/short-term recommendation for continued oversight.

~ High priority/Short-Term Recommendations ~

- **Provide full TANF payment for second child in kinship families.** Make the full TANF single-child benefit (\$349 per month) available initially to the second child in multiple children families, with the expectation of extending the benefit to additional children in future years. (*Recommendation I.B.*)

- **Strengthen relative search process.** The Children’s Administration should strengthen elements of the relative search process that will increase the number of children placed with willing and able relatives when out-of-home placement is required. *(Recommendation II.A.)*
- **Create kinship navigator positions.** Train and establish “Kinship Care Navigators” in each DSHS region. These positions could be supported through a public-private partnership and would facilitate kinship caregivers’ access to resources. *(Recommendation II.B.)*
- **Implement aggressive public education and awareness campaign on kinship care issues.** Such a campaign should include Kinship Care Advocate positions in key state agencies, consolidation of existing resource guides, multiple media strategies, and culturally appropriate outreach to underserved communities, including tribes and migrant and immigrant groups. *(Recommendation II.C.)*
- **Improve the delivery of TANF benefits to relative caregivers.** DSHS should take immediate steps to streamline the application process for non-needy relative caregivers and formalize a policy of less frequent eligibility reviews. This must include establishing consistency among the now widely divergent practices in different Community Services Offices. *(Recommendation II.D.)*
- **Create an educational/medical consent waiver.** Washington will adopt a Caregiver’s Authorization Affidavit modeled on one that has operated successfully in California since 1994. It would authorize relative caregivers to enroll the child in school and obtain medical care for the child. *(Recommendation III.A.)*
- **Establish a legal services pilot project.** Create a pilot project in which kinship care attorneys would collaborate with law schools and social service agencies to develop a holistic approach to serving the legal needs of kinship caregivers within a specific geographic area. *(Recommendation III.B.)*
- **Create a statewide respite care inventory.** Support a statewide inventory of respite care services, modeled on the inventory recently completed for King County by the Respite and Crisis Care Coalition of Washington State. *(Recommendation IV.A.)*
- **Establish a support services fund for relative caregivers.** Double current funding for emergency support services for kinship families served through the Children’s Administration and establish a separate fund for kinship families not served by the Children’s Administration, with monies possibly distributed through private, non-profit agencies. *(Recommendation IV.C.)*
- **Support Lifespan Respite Care Act of 2002 and position state to receive funding.** Senate Bill 2489, recently introduced in Congress, offers an opportunity for federal funding to support development of a comprehensive respite care system. *(Recommendation V.A.)*

~ High Priority/Long-Term Recommendations ~

- **Provide full TANF payment for all multiple-child kinship families.** Make an additional payment available to all relative caregivers receiving TANF grants and caring for more than one child so that they receive \$349 per month for each child in their care. *(Recommendation I.A.)*
- **Promote systems collaboration.** Promote a collaborative system to serve kinship families by developing cross-system information sharing, training for DSHS staff on kinship issues and resources, and consistent policy and practice within programs that serve kinship families. *(Recommendation II.E.)*
- **Provide CASA/GAL services.** Remove the “good cause” exception from RCW 13.34.100, in accordance with the provisions of the Child Abuse Prevention and Treatment Act, in order to require the appointment of a CASA/GAL to represent every dependent child in Washington State. *(Recommendation III.C.)*
- **Provide respite care services for relative caregivers.** Provide these services by: (1) establishing a respite care pilot project for kinship families; (2) broadening the Respite Care Services statute administered by Aging and Adult Services Administration (Chapter 74.41 RCW) and adding new funds; and (3) creating respite care funding for kinship caregivers caring for related children placed by the Division of Children and Family Services. *(Recommendation IV.B.)*
- **Amend National Family Caregiver Support Program/Older Americans Act.** Washington State should advocate for expansion of the National Family Caregiver Support Program under the Older Americans Act to include serving kinship providers 55 and over. *(Recommendation V.B.)*

~ Concluding Recommendation ~

- **Ensure continued oversight of kinship care activities.** The Legislature should mandate and fund an ongoing committee of relative caregivers and others to oversee the implementation of the recommendations in this report and continue future work to make kinship care “a robust component of the out-of-home placements spectrum.” *(Recommendation VI.A.)*

NOTES

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PREAMBLE

Background

In June 2002, the Washington State Institute for Public Policy (WSIPP) issued its report “Kinship Care in Washington State: Prevalence, Policy, and Needs,” as directed by the 2001 State Legislature. In the 2002 Legislative Session, Substitute House Bill 1397 (Chapter 144, Laws of 2002 – Chapter 74.13 RCW) directed the Department of Social and Health Services to “convene a kinship caregivers Workgroup” to brief the Legislature by November 1, 2002 on “policy issues to be considered in making kinship care a robust component of the out-of-home placements spectrum.” This Kinship Care Report is the result of those efforts.

The Kinship Care Workgroup was formed on May 29, 2002, when Representative Kip Tokuda hosted a meeting of interested stakeholders in Seattle. At the next meeting in June, four subcommittees were formed roughly parallel to the key issue areas identified in the WSIPP report – financial needs, legal issues, social services, and systems change. (The systems change subcommittee addressed the issues of “bureaucratic barriers” and “information gaps” from the WSIPP report.) Recommendations were drafted by the subcommittees and reviewed and ratified by the full Workgroup. More than 100 individuals participated, including grandparents and other relative caregivers, DSHS and other state agency staff, legislative staff, representatives of the legal community, and advocates for children and families.

Kinship Families in Washington State

Kinship families are a great and valuable resource to our child welfare system and to the state as a whole. These families take on the responsibility of caring for children when parents are unable due to a variety of circumstances, including abuse and neglect, economic conditions, illness, substance abuse, incarceration, death, and other family situations. As noted in SHB 1397, relatives are increasingly assuming the responsibility for raising the children of loved ones. According to the June 2002, WSIPP report on “Kinship Care in Washington State,” the U.S. Census estimates approximately 86,000 children in Washington State live in households that include relatives, with or without immediate family (parents and siblings) present.

WSIPP estimates that 32,000 of these children are in households where grandparents and other relatives are the primary caregivers. Washington State parallels the national trend in the growth in percentage of children in the primary care of grandparents and other relatives. While the majority of these arrangements do not involve the state’s child welfare system (there are nine

informal kinship arrangements for every formal arrangement) formal kinship care has historically been the primary concern of state policy makers. Yet both formal and informal caregivers face significant and similar challenges in successfully caring for their related children.

Survey data collected for the WSIPP report identified the following characteristics of Washington kinship families:

- 73 percent are grandparents.
- 87 percent are women.
- Their average age is 53, with about a quarter of caregivers over age 60.
- 76 percent identify as white, 9 percent as Native American, 9 percent as African-American, 4 percent as Hispanic, and 2 percent as Asian.
- 39 percent earn less than \$20,000 per year, while half are employed.
- The average age of the children in their care is nine years.
- About half care for two or more children.
- They have been caring for these children for an average of almost six years.

Many kinship families in Washington State do not receive benefits or services from the state. Those that do are likely involved with the Children's Administration (CA) or Economic Services Administration (ESA) of DSHS. In March 2002:

- CA had 3,879 dependent children placed with 2,715 relative caregiver families. Almost 90% of these children were in unlicensed relative placements.
- ESA provided TANF grants to 14,023 children in 8,692 relative caregiver families. Over 90% of these children were on child-only TANF grants.

Kinship Care Recommendations and Beyond

In the recommendations that follow, the Kinship Care Workgroup identifies a number of steps that could be taken by the State Legislature, or by the Department of Social and Health Services through administrative action, to help establish kinship care as a "robust component of the out-of-home placements spectrum." Our recommendations are divided into five categories, roughly parallel to the areas of need identified in the WSIPP report: financial needs, service delivery and practice, legal issues, social services, and issues for federal action. A concluding recommendation calls for continued oversight of kinship care activities. In addition to these categories, we have sorted the recommendations into high versus medium and short-term versus long-term priorities (see page 8).

In addition, we would like to set out, in broad terms, our vision for the policy and institutional environment we believe would best facilitate moving these recommendations forward.

- **Create and adopt a comprehensive and inclusive definition of kinship care**, which recognizes the range of kinship families and de-stigmatizes and de-categorizes them. The kinship care definition used in the WSIPP study and adopted in this report refers to relatives by blood, adoption, or marriage ("relatives of specified degree"). It is the definition that is generally used to determine eligibility for certain state or federal benefits and as such excludes many kinship families. A new, more inclusive definition of kinship care should be a key element of a **public education and awareness campaign** (see page 16) and would assist in recognizing the role and value of kinship families, invite broader community support, and encourage private partners to share in sustaining these families.
- A more inclusive definition of kinship care would also facilitate **outreach to currently underserved populations, including Native American tribes and immigrant and migrant communities**. While these communities have not been a focus of this report, their needs should be addressed in implementing any new kinship care policies and programs.
- Develop a **fully integrated system of care** to assist relative and kinship families in accessing appropriate services and referrals. There are various models for achieving a fully integrated system, including "one stop resource centers" and the department's current "No Wrong Door" initiative. Regardless of which model is used, the end result is that kinship families should not be forced to navigate a confusing web of agencies and programs on their own.
- While a fully integrated system of care would be optimum, a **collaborative system that eliminates barriers** and increases opportunities to combine funding streams is a critical interim step toward increasing relative placements. Activities designed to promote coordinated responses to kinship caregivers' needs, and that draw on public, private, and community resources, will improve service delivery to relative caregivers.
- Finally, the Workgroup recommends the development of a set of **kinship care principles** that embrace and reflect the cultural and social value that kinship families provide in creating permanency, family connection, and stability for children.

KINSHIP CARE WORKGROUP RECOMMENDATIONS

Priorities at a Glance

<p style="text-align: center;">High Priority/Short-Term</p> <ul style="list-style-type: none"> • Provide full monthly payment for second child on TANF (<i>Rec. I.B.</i>) • Strengthen relative search (<i>Rec. II.A.</i>) • Create Kinship Navigators (<i>Rec. II.B.</i>) • Implement public education and awareness campaign (<i>Rec. II.C.</i>) • Improve delivery of TANF benefits (<i>Rec. II.D.</i>) • Create educational/medical consent waiver (<i>Rec. III.A.</i>) • Establish legal services pilot project (<i>Rec. III.B.</i>) • Create statewide respite care inventory (<i>Rec. IV.A.</i>) • Establish relative caregiver support services fund (<i>Rec. IV.C.</i>) • Support Lifespan Respite Act and prepare for federal funding (<i>Rec. V.A.</i>) • Ensure continued oversight (<i>Rec. VI.A.</i>) 	<p style="text-align: center;">Medium Priority/Short-Term</p> <ul style="list-style-type: none"> • Increase oversight and accountability for non-parent caregivers on TANF (<i>Rec. I.C.</i>) • Incorporate kinship families in Special Children Health Care Needs pilot (<i>Rec. II.F.</i>) • Fund legal information packet and website (<i>Rec. III.D.</i>)
<p style="text-align: center;">High Priority/Long-Term</p> <ul style="list-style-type: none"> • Provide full monthly payment for multiple children on TANF (<i>Rec. I.A.</i>) • Promote systems collaboration (<i>Rec. II.E.</i>) • Provide CASA/GAL services (<i>Rec. III.C.</i>) • Provide respite care services for kinship families (<i>Rec. IV.B.</i>) • Amend National Family Caregiver Support Program/Older Americans Act (<i>Rec. V.B.</i>) 	<p style="text-align: center;">Medium Priority/Long-Term</p> <ul style="list-style-type: none"> • Educate judges and attorneys about kinship care issues (<i>Rec. III.E.</i>) • Support statewide Unified Family Court (<i>Rec. III.F.</i>) • Expand food stamp eligibility to relative caregiver families (<i>Rec. V.C.</i>)

Definitions

High Priority - These are the Kinship Care Workgroup's highest priority recommendations. Recommendations are **not** listed in order of importance.

Medium Priority - These recommendations have less urgency but are still considered important by the Workgroup.

Short-Term - The Workgroup believes these recommendations should be implemented within the 2003-2005 biennium.

Long-Term - The Workgroup believes these recommendations should be implemented during the 2005-2007 biennium. Complexity and/or budgetary limitations may inhibit earlier implementation.

KINSHIP CARE WORKGROUP RECOMMENDATIONS

I. Financial Needs

*~ Recommendation I.A.: Provide Full Monthly Payment
for Multiple Children on TANF ~*

*This is a high priority, long-term recommendation that could be
accomplished administratively with TANF funds through a change in
household composition rules.*

- **Problem Statement**

Respondents to the recent Relatives As Parents Program (RAPP) survey, reported in the WSIPP report, “Kinship Care in Washington State,” identified financial assistance as their biggest need, with some needing help just “putting food on the table.” Many cited the disparity between TANF grants and foster care reimbursements. This disparity is greatest for relatives caring for more than one child and can be a factor in relative placement disruptions or the child's movement from TANF assistance to the foster care system.

- **Recommendation**

The Workgroup recommends making an additional payment available to all relative caregivers receiving TANF grants and caring for more than one child, so that they receive \$349 per month for each child in their care. This would mean increasing the two-child grant from \$440 to \$698, a difference of \$258, with comparable increases for additional children. Based on March 2002 caseload data, 4,914 children in 3,165 families would benefit from this proposal.

- **Rationale**

While this policy change would not fully overcome the disparity between TANF grants and foster care reimbursements, it would improve a TANF policy that does not adequately support relatives who are willing to care for multiple children. Relative caregivers, unlike parents, are under no legal obligation to care for these children.

- **Cost/Savings**

Based on March 2002 caseload data, we estimate a cost of \$15 million per year or \$30 million for the biennium. Some of these costs might be offset to the degree that caregivers receiving TANF who could meet licensing requirements would be less inclined to move into the more expensive foster care system. Note also that this estimate includes only the cost of the actual grant – administrative costs, including data systems changes, are not included.

*~ Recommendation I.B.: Provide Full Monthly Payment
for Second Child on TANF ~*

*This is a high priority, short-term recommendation that could be
accomplished administratively with TANF funds
through a change in household composition rules.*

- **Problem Statement**

While we believe a full child-only grant (\$349) per child for all relative caregivers is justified, we recognize that under current state budget constraints, the Legislature may legitimately seek ways to reduce the cost of such an initiative. In fact, SHB 1397 asked the Kinship Care Workgroup to consider a “financial means test” as part of its recommendations. The Workgroup has considered two ways to reduce the cost of the “full monthly payment for multiple children” recommendation. The first option, which the Workgroup recommends, is to extend the benefit initially to the second child in multiple-child families. The second option, which we reject, is to institute a financial means test, limiting the benefit to kinship families under a pre-determined income level.

- **Recommendation**

Make the benefit available initially only to the second child in multiple children families, with the expectation of extending the benefit to additional children in future years. Based on March 2002 caseload data, 3,165 children in 3,165 families would benefit from this proposal.

- **Rationale**

Providing a full monthly TANF payment for the second child would address the financial disparity between TANF and foster care for about 65% of the children impacted by the “Full Monthly Payment for Multiple Children” recommendation (3,165 children instead of 4,914). The Workgroup believes this is a reasonable compromise given current fiscal realities.

- **Cost/Savings**

Based on March 2002 caseload data, extending the TANF benefit to the second child only would cost about \$9.8 million per year or \$19.6 million for the biennium (grant costs only).

~ Consideration of a Financial Means Test ~

A financial means test would limit the benefit to lower income relative caregivers, for example, those with incomes at or below 200% or 250% of the Federal Poverty Level (FPL). Based on the very limited data we have

(from the RAPP survey), we estimate that about 57.5% of child-only TANF families headed by a relative have incomes below the 200% FPL eligibility threshold (\$30,040 for a family of three). We estimate about 66.25% of these families have incomes below the 250% FPL threshold (\$37,550 for a family of three).

A majority of the Workgroup is opposed to a financial means test for any expanded TANF benefit for relative caregivers. The main concern is that TANF benefits should address the needs of the children (who are always subject to a means test), not the financial circumstances of relatives who have chosen to provide primary care for related children. Relative caregivers have no legal obligation to care for these children and are already making significant sacrifices by stepping forward as they do.

We also note that no financial means test is applied to foster care reimbursement or to assistance for relative caregivers from Working Connections Child Care. The Workgroup is concerned that a financial means test would add barriers to participation by relative caregivers whose children would benefit greatly from additional resources.

Finally, we anticipate substantial workload and administrative costs associated with implementing a financial means test for a population of this size.

~ Recommendation I.C.: Increase Oversight and Accountability for all Non-Parent Caregivers on TANF ~

This is a medium priority, short-term recommendation. DSHS has the administrative authority to implement, but legislative action is required to address the legal and fiscal issues associated with implementation. This issue remains controversial within the Workgroup.

- **Problem Statement**

Currently, the Economic Services Administration requires background checks only in cases where an adult who is not a “relative of specified degree” is caring for a TANF-eligible child (in loco parentis cases). This contrasts with the much greater oversight and accountability of caregivers in the foster care system. The failure of the current system to assess caregiver appropriateness and child safety cannot be considered in the child’s best interest. One option available to address this issue is to require relative caregivers on TANF to successfully complete a process to determine child safety in the relative’s home.

- **Recommendation**

The Workgroup recommends the analysis, development, and implementation of increased oversight for all relative caregivers applying for or in receipt of child-only and family TANF grants. The Workgroup considered a criminal background check through the Washington State Patrol and a check through the Children's Administration Management Information System (CAMIS), but was unable to reach consensus on a specific process to ensure child safety; however, we believe this is an issue requiring further and careful study.

- **Rationale**

While the overwhelming majority of relative caregivers are responsible and devoted to the children in their care, the rare occurrence of exceptions compels the need for minimal oversight and assessment of child safety in kinship homes. On the other hand, the Workgroup raised concerns that implementing a process to increase oversight and accountability for relative caregivers could possibly lead to decreasing the number of kinship families willing to step forward and provide homes for related children.

The Workgroup's inability to reach consensus on a process to provide oversight and ensure child safety was influenced by:

- ≈ Risk of discouraging potential relative caregivers from applying for and receiving needed services;
- ≈ Creating additional barriers for populations that may be "system-phobic," financially disadvantaged, or disproportionately represented in the public welfare systems; and
- ≈ The lack of an identified process available to relative caregivers to appeal denial of services.

The Workgroup supports increased oversight for relative caregivers as a critical and necessary component to kinship placements, but also recognizes the risks of greater intrusion into the privacy of kinship families.

- **Cost/Savings**

There will be costs associated with further research to determine the most effective process to ensure oversight and accountability for children placed with relatives. There will also be costs associated with implementing a new oversight policy. If criminal background checks were extended to all relative caregivers on TANF, there would be the costs of the checks themselves in addition to costs associated with administrative hearing rights and other workload issues. Costs would also be associated with processing relative caregivers through the CAMIS system.

On the other hand, increased oversight will ensure that children are in safe environments and decrease the department's risk for future litigation costs due to child maltreatment by relative caregivers.

II. Service Delivery and Practice

~Recommendation II.A.: Strengthen Relative Search Process ~

This is a high priority/short-term recommendation. While some of the changes identified can be implemented through administrative action, much of the implementation will require additional funding from the Legislature.

- **Problem Statement**

Out-of-home placement is necessary when a child cannot remain in his or her home safely. Through legislation, policy, and best practice standards, Washington is required to consider appropriate relatives (RCW 13.34.060) when out-of-home placement is required and the department must intervene. The Children's Administration's (CA) current process does not identify or assess relatives in a consistent or timely manner. CA's current policy results in varying efforts to identify relatives and assess placement appropriateness and to an inadequate process for relatives to request review of placement decisions. Lack of standardized procedures to identify relatives is an unnecessary barrier to relative placements and continued familial contact. Delayed identification and assessments can additionally lead to children being placed with inappropriate or unsafe relatives, needless delay in establishing permanency for a child, and the possibility of multiple placement episodes. One recommendation, identified in the recent WSIPP report (page 44), was to "... specify a standard process that caseworkers would use to more aggressively locate willing and able relatives to ensure that rigorous efforts are undertaken to recruit relative caregivers."

- **Recommendation**

The Children's Administration should implement strategies designed to strengthen elements of the relative search process that will increase the number of children placed with willing and able relatives, when out-of-home placement is required. At a minimum, strategies to strengthen relative search should incorporate the following activities:

- ≈ Develop a standardized, statewide protocol to be used for relative search activities. At a minimum, a standardized protocol would be defined and documentation would be maintained in the child's case record that would: 1) identify relatives, and 2) identify assessment

criteria and procedures that are followed during initial and ongoing relative searches. These activities would be required when out-of-home placement is necessary for child safety in the following proceedings: Voluntary Placement Agreement (VPA), Shelter Care and Dependency Hearings, Child in Need of Services (CHINS), and At-Risk Youth (ARY). As appropriate, Juvenile Courts would require parents to disclose contact information for relatives to the caseworker within two weeks of an entered order.

Children's Administration is completing a Family Home Assessment pilot project, which includes elements and activities recommended by the Workgroup. Nevertheless, Workgroup participants believe the pilot project does not adequately address the relative search process. The Minnesota Relative Search document, which could be used as a model for Children's Administration's development of an adequate relative search protocol, is shown in Appendix 2.

- ≈ Conduct active outreach efforts to identify and locate relatives during initial and ongoing case management. The Children's Administration is currently developing a policy to establish "due diligence" activities for birth parents and relative caregivers. The following would be required elements in policy development:
- Make reasonable efforts to interview known relatives, family, friends, teachers, and other identified community members who may have knowledge of the child's extended family, within 60 days of the child entering out-of-home care.
 - Increase the use of family group conferences to engage extended family members in reunification efforts, permanency planning, and placement decisions. Family group conferencing should occur as soon as possible after a child enters foster care and potential relative placement resources are available.
 - At a minimum, contacts with interested relatives would occur as part of permanency planning activities and change of placement discussions. Children's Administration would also establish a process for ongoing contact with relatives who express interest in being considered as a placement resource for the child.
 - When a decision not to place with a relative occurs, the department will provide documentation that clearly identifies the rationale for the decision and corrective action(s) the relative must take to be considered as a viable placement option.

- **Rationale**

A standardized process to identify and assess kinship caregivers will assure the department's compliance with federal, accreditation, and best practice standards for children in out-of-home placement. Early identification of appropriate, viable relative placements can reduce the time a child spends in foster care placements, the incidence of multiple placements, and the length of time before a child or dependent youth reaches permanency. A standardized protocol for conducting relative searches will also assist the Court in making informed decisions regarding a dependent child's best interest and appropriateness of placement, and assure that background checks are completed.

- **Cost/Savings**

This recommendation involves various activities, which will require different levels of resources to support. One example is the use of Family Group Conferencing, which would require funding to support dedicated non-case carrying staff positions for successful implementation.

Efforts designed to increase identification and assessment of relatives as potential placements for children requiring out-of-home-care would require resources and staff to support the requirement. Early identification of willing and appropriate relatives would increase relative placements and the likelihood that children placed with grandparents and relatives would not enter the foster care system and would thus result in long-term cost savings.

*~ Recommendation II.B.: Create Kinship Care
Navigator Positions ~*

***This is a high priority/short-term recommendation, which would require
legislative action to approve the necessary funding
for successful implementation.***

- **Problem Statement**

As indicated in the WSIPP study, kinship caregivers find access to services extremely difficult. Many kinship caregivers find the "system" cumbersome and difficult to navigate and describe widely varying levels of helpfulness, professionalism, and knowledge among caseworkers.

- **Recommendation**

Train and establish "Kinship Care Navigators" in sufficient numbers to meet the needs of relative caregivers within each DSHS region. These are community-based positions and could be supported

through a public-private partnership thereby facilitating kinship caregivers' access to resources.

As a result of their familiarity with public, private, and community-based programs, including substance abuse and mental health treatment, the Kinship Care Navigators would assist and facilitate kinship families in identifying and accessing programs and services. Kinship Navigators could significantly reduce or eliminate systems barriers for kinship families attributed to navigating multiple DSHS programs. The Navigator would be expected to work in partnership with local community service providers.

- **Rationale**

Successful implementation of this recommendation would streamline the provision of services to relatives and the children in their care. Navigators would provide a local and consistent direct service function and assist in responding to concerns raised by kinship caregivers. This could reduce the amount of time DSHS staff spend researching available resources and take pressure off the "system." Navigators could also help to establish stable, respectful relationships between caregivers and DSHS and other agency staff.

- **Cost/Savings**

There would be staffing costs associated with establishing Navigator positions in sufficient numbers to support regional population densities. Since these positions are community based, a mix of public and private funds could cover their costs. The state could realize long-term savings through reduced DSHS staff time in locating kinship resources and through establishing a more effective service delivery model. Providing information and support and facilitating access to services before situations reach crisis can potentially reduce the number of families who later present with chronic situations and require more costly and intensive system intervention.

~ Recommendation II.C.: Establish an Aggressive Public Education and Awareness Campaign about Relative and Kinship Issues ~

This is a high priority/short-term recommendation. It can be implemented through DSHS administrative action but some elements will require additional funding.

- **Problem Statement**

Washington State parallels national trends for growth in the percentage of children in the primary care of grandparents and other relatives. When the parents are unable or unwilling to care for their children, this

group of caregivers is stepping forward to provide permanency to children – and in many cases prevent the child’s entry into the child welfare system. Currently, the lack of information and awareness of kinship care issues is a barrier both to caregivers accessing available services and to staff and service providers referring children and caregivers to appropriate public, private, or community programs.

- **Recommendation**

Establish an aggressive public education and awareness campaign on kinship care issues in order to promote a fully integrated, culturally responsive statewide system to support kinship caregivers. Such a campaign should include the following activities:

- ≈ DSHS will establish a statewide standard that promotes the inclusion of kinship care issues during policy and program development. This element can also be realized by creating Kinship Care Advocate positions in key state agencies and divisions, which provide services to kinship families.
- ≈ Provide information on available supports and services by revising and consolidating the three current resource guides – *Grandparents Raising Children: A Legal Guide for Washington State*, *Relatives Guide to Child Welfare*, and *Relatives As Parents: A Resource Guide for Relatives Raising Children in Washington State*. The final resource document should include legal information and information on paternity and child support issues to better inform relative caregivers about their rights and legal options.
- ≈ Employ multiple media strategies, such as Internet sites, radio spots, printed materials, and other effective media tools to educate and increase awareness of kinship issues.
- ≈ Make information about the DSHS Interstate Compact on the Placement of Children (ICPC) process available to kinship caregivers. This information should be placed in a kinship care resource guide as well as on the DSHS website, which should be linked to sites that provide information to kinship providers. The Office of the Family and Children Ombudsman (OFCO) should also educate a staff person to answer questions from kinship caregivers and assist in the resolution of problems.
- ≈ Develop a culturally appropriate outreach campaign to tribal, immigrant, and migrant kinship caregivers to increase access to appropriate supports and services.

- **Rationale**

Relative caregivers’ ability to successfully care for their related children can be linked to the caregiver’s ability to access needed services. Even where there are public, private, and community

supports and services available to relative caregivers, lack of familiarity with eligibility requirements and program information will impact both a caregiver's ability to access services and a service provider's ability to make appropriate referrals. A public awareness campaign will help create a parity of services between kinship caregivers involved in both formal and informal care arrangements.

- **Cost/Savings**

Implementation costs for these recommendations vary. It is anticipated there will be initial and ongoing costs associated with a successful, aggressive public education and awareness campaign. Kinship Care Advocate positions will also require new funding.

There will be costs associated with the revision of the resource guides into a consolidated resource document, but savings would be realized by combining the two DSHS publications (*Relatives Guide to Child Welfare* and *Relatives As Parents: A Resource Guide for Relatives Raising Children in Washington State*).

~ Recommendation II.D.: Improve Delivery of TANF Benefits to Relative Caregivers through Streamlined Application and Training ~

This is a high priority/short-term recommendation, which can be implemented administratively within existing resources.

- **Problem Statement**

One of the most frequently voiced complaints of relative caregivers engaged in the TANF and Working Connections Child Care systems is that they are subjected to unnecessary bureaucratic requirements. Prime examples are being asked inappropriate questions about their own finances during the application process for child-only grants and being required to undergo TANF and child care eligibility review every three months. Many relative caregivers perceive these practices as disrespectful of their contributions to the care of neglected or abandoned children. They also point out that such practices probably discourage other relative caregivers from seeking assistance from the state.

- **Recommendation**

The Workgroup recommends the department take immediate steps to streamline the application process for non-needy relative caregivers and formalize a policy of less frequent eligibility reviews, preferably every 12 months. This must include establishing consistency among the now widely divergent practices in different Community Services Offices.

In addition to this specific recommendation, we urge the department to take immediate steps to equip Community Services Office (CSO) staff with the information and tools they need to provide an optimum level of service to all relative caregivers. This may include staff training on the particular needs of relative caregivers, respectful communication techniques, sensitivity to kinship caregivers needs, and the full range of benefits and services for which kinship families are eligible.

- **Rationale**

A streamlined application process and less frequent eligibility reviews are in the best interest of both the state and relative caregivers. Relative caregivers deserve to be treated consistently and respectfully in all their dealings with DSHS staff. Economic Services Administration staff would benefit from a reduced workload associated with child-only grants and child care cases and better tools for serving relative caregivers in general.

- **Cost/Savings**

An initial administrative cost is associated with making these changes. DSHS should gain in the long-term from reduced workload in managing child-only grants and child care cases.

~ Recommendation II.E.: Promote Systems Collaboration to Enhance Delivery of Benefits and Services to Kinship Families ~

This is a high priority/long-term recommendation, parts of which can be implemented administratively within existing resources.

- **Problem Statement**

Many relative caregivers and children in their care are eligible for various services and supports through DSHS programs, private agencies, and community based organizations. Eligibility requirements and processes are inconsistently applied and are confusing not only to caregivers, but also for public and private agencies that are involved with the family and responsible for appropriate referrals. Lack of knowledge and adequate access to available services increases the hardships relative caregivers face when caring for their related children. Caregivers in both formal and informal arrangements have cited these issues as barriers to their ability to continue caring for relative children and provide permanent homes.

- **Recommendation**

While a fully integrated statewide system to support kinship caregivers is being established, activities to create a collaborative system to support kinship families can be identified in the interim. The implementation process would include activities designed to formalize, streamline, and standardize practice and policies for kinship families. A collaborative system would require existing state-funded entities to work across systems and with existing community-based efforts to enhance service delivery, through the following activities:

- ≈ Develop a cross-agency resource list, which can be electronically updated, to facilitate access to information about services for kinship caregivers and children.
- ≈ Take steps to facilitate the sharing of administrative and case management information across DSHS programs and administrations. In keeping with “No Wrong Door” principles, such information sharing should promote more coordinated and efficient delivery of services to kinship families.
- ≈ Require training, focusing on kinship issues, for DSHS staff providing services to kinship families. Particular emphasis would be placed on staff in Community Service Offices (CSOs), staff administering child care programs, Children’s Administration staff, and Division of Developmental Disabilities (DDD) staff.
- ≈ Promote information sharing and enhanced collaboration between public agencies and local resources such as Area Agencies on Aging (AAA) and community support groups and programs.
- ≈ Establish statewide consistency within individual DSHS administrations and programs serving kinship families, so that policies and procedures affecting kinship families are uniform across the state.

- **Rationale**

Relative and kinship caregivers report frustration and delayed service due to inconsistent practice, the complexity of working with public agencies, and lack of coordination within DSHS and between public, private, and community organizations. Implementing a collaborative system will enhance delivery of available benefits, supports, and services to kinship caregivers.

- **Cost/Savings**

Implementing activities to support collaborative efforts will require various resource and fiscal commitments. Some activities, such as agency training requirements and an agency resource list, can be accomplished within existing resources or with minimal

implementation costs. In contrast, developing the ability to allow cross-system access and information sharing will require significant investment since DSHS information systems do not readily share data. Anticipated savings would occur from the prevention of children entering the foster care system, stabilizing relative placements, and creating permanence for children.

~ Recommendation II.F.: Incorporate Kinship Families in Special Children Health Care Needs (SCHCN) Pilot ~

This is a medium priority/short-term recommendation, which can be accomplished administratively within existing resources.

- **Problem Statement**
As indicated in the WSIPP report, many care providers find the public system “a complicated bureaucratic maze.” Public agencies are not coordinated to provide a single point of entry for kinship families who have complex multi-systems issues that often cross multiple department programs. The SCHCN pilot project is exploring the use of a common website for enrollment in all public programs related to children. The user would be able to access a current list of public services and determine which programs might apply to them and whether or not they are likely to be eligible
- **Recommendation**
Ensure that kinship families are sufficiently represented in the Special Children Health Care Needs (SCHCN) pilot project. This effort would include kinship caregivers in a common state intake form. We also encourage state agencies to consider the needs of kinship caregivers in designing other relevant pilot projects.
- **Rationale**
Streamlining the “system” to incorporate an intake form that serves multiple systems creates a more “relative-friendly,” efficient, and less demanding process for both kinship caregivers and department staff.
- **Cost/Savings**
Costs associated with both public and private staff time and the production of multiple forms could be reduced.

III. Legal Issues

*~ Recommendation III.A.: Create an Educational
and Medical Consent Waiver for Relatives ~*

This is a high priority/short-term recommendation. The proposed change would require action by the State Legislature. With relatively minor adjustments, the California legislation and affidavit could be adapted for use in Washington.

- **Problem Statement**

Children being raised by relatives have been denied medical care, and school attendance has been delayed because relatives have not been able to verify they are the identified primary caregivers of these children. Children are frequently left in the care of relatives with little warning because a parent has become seriously ill, been incarcerated, is homeless, or is experiencing mental health or chemical dependency problems which cause them to be unavailable and, frequently, unreachable. Often, while the parent has either implicitly or explicitly granted permission to the relative to care for the children, there is no written documentation authorizing the relative to obtain necessary medical care or make education arrangements.

- **Recommendation**

Washington will adopt a Caregiver's Authorization Affidavit modeled on the affidavit process that has operated successfully in California (California Family Code sec. 6550-6552) since its enactment in 1994. (A copy of this affidavit is included in the appendix, page 55.) Pursuant to that process, relative caregivers who swear under penalty of perjury and subject to criminal liability that: 1) they are a qualified relative; 2) the child lives in their home; and 3) the parent has been notified of the relative's intention to authorize medical care and has not objected or the parent cannot be notified; would be authorized to enroll the child in school, obtain school-related medical care, and obtain medical care for the child, including dental and mental health care. The affidavit would require relative caregivers to provide their address, date of birth, and driver's license or ID card number. The affidavit would be effective for one year and would have to be renewed annually. The legislation would hold harmless any medical provider or school official who acts in good faith reliance on the affidavit. Each school and medical provider would be expected to accept this affidavit. The affidavit would not affect the legal rights of a child's parents or create legal custody in the caregiver; thus, if a parent were to become available and disagree with a caregiver's decision regarding medical treatment, the parent's decision would override that of the caregiver.

- **Rationale**

The recommended change would fully address the problems faced by relative caregivers who are unable to locate parents or obtain their cooperation but need to enroll children in school or obtain medical care for them. For many families, for whom formal legal status is unnecessary, undesirable and/or unaffordable, this would create a way for children to have essential needs met. Recently, the Washington State Bar Association's Family Law Executive Committee expressed support for the concept of an educational and medical consent waiver.

- **Cost/Savings**

There should be no significant cost related to the affidavit process itself. It would be helpful to have minimal funding available to publicize the existence of the affidavits and how to use them. There may be some additional time required for school officials and health care providers to learn about the affidavit and review affidavits submitted to them by caregivers. That additional time should be more than offset by reducing the confusion and complexity regarding enrollment of the child in school or in obtaining the necessary medical care.

*~ Recommendation III.B.: Develop Kinship Care
Legal Services Pilot Project ~*

This is a high priority/short-term recommendation, which would require action by the State Legislature. Legislation could be modeled on prior legislation creating pilot projects.

- **Problem Statement**

Kinship caregivers must consider an array of legal options when deciding whether and how to formalize their relationship with the child they are raising. In the WSIPP study, caregivers reported that they often do not have access to information or counsel regarding those legal options. Legal processes are time consuming and costly when custody is contested by the parents. Many survey respondents requested affordable or free legal services to help them understand the system and represent them in court. Kinship families also often face an array of other legal issues, including problems related to housing, public benefits, education, insurance coverage, mental health services, and immigration status. Private attorneys who work in the areas of family law and guardianship may not be familiar with those other areas of law or the resources available to kinship families. Because legal issues for kinship care families are somewhat unique, they may not fall into the case priorities of existing legal services programs, which are severely under-funded and unable to serve all clients with limited

income. Lack of access to legal services can result in families unnecessarily ending up in the formal foster care system, with high financial cost to the state and emotional cost to the families, including the children.

- **Recommendation**

Create a pilot project, which would fund two kinship care attorneys, and one support staff person who would be located at one or two existing legal services offices. The attorneys would work in close collaboration with one or more law schools and with social service agencies that serve kinship caregivers to develop a holistic, multi-layered approach to serving the needs of these caregivers within the relevant geographic areas. Possible features of the project include:

- ≈ Public-private partnership, with development of private funding sources to continue and expand the project.
- ≈ Use of law student externs, volunteers, and work-study students to assist with community education, development of self-help materials and clinics for uncontested cases, screening of new clients, providing brief legal service, and representation in appropriate individual cases.
- ≈ Development of a website (or a section on the existing Northwest Justice Project website) that includes extensive information about legal options, self-help materials, and listing of legal resources available to kinship caregivers.
- ≈ Development of a comprehensive “Kinship Family Legal Check-up” tool to assist in diagnosing a family’s legal needs (could be used statewide by other legal services offices and pro bono attorneys serving kinship families).
- ≈ Training for case managers, advocates, and pro bono attorneys on kinship legal issues.
- ≈ Training of kinship caregivers willing to be a resource to other families on legal issues.
- ≈ Development of a companion class at the law school(s) that would cover social and legal issues facing kinship care families.
- ≈ Close relationships with key agencies and support groups serving kinship care families to ensure that the family’s non-legal needs are being addressed.
- ≈ “Wraparound” services including representation in family law, public benefits/economic security, housing, education, access to services, and dependency cases.

- ≈ Coordination with other legal services providers to maximize access for kinship families to existing legal services such as volunteer lawyers to do wills and guardianships, debt clinic, Housing Justice Project, etc.
- ≈ Identification and resolution of systems problems that create legal barriers for kinship families.
- ≈ Demonstrate the outcomes of the pilot project through the development and implementation of an evaluation component.

- **Rationale**

The pilot project will be a model for how to provide kinship families with necessary legal information, assistance and representation in an efficient and cost-effective manner. In addition to providing representation services to families in the selected geographic areas, the project would create legal resources such as a website, self-help packets, and clinic models that could be used statewide with little additional cost. Because the attorneys will focus exclusively on the legal issues of kinship families, they will develop a knowledge base that can be shared with attorneys and other legal providers throughout the state. The project will also identify barriers to access the legal system and systemic problems that can be addressed at a regional or statewide level to benefit many kinship families.

- **Cost/Savings**

The pilot project would require an initial outlay of \$300,000 to \$400,000 annually to fund the salaries for the two attorneys, plus overhead, including support staffing. The cost would increase if the project were expanded beyond the pilot to be statewide in scope. However, this project would be amenable to a public-private partnership approach and might be partially funded through federal and/or private dollars. In addition, there should be cost savings over time attributable to fewer families defaulting to the formal foster care system. Legal issues would be resolved more quickly, thus reducing court involvement, resulting in savings, and increasing the likelihood of permanency for children.

~ Recommendation III.C.: Provide CASA/GAL Services ~

This is a high priority/long-term recommendation. Action would be required by the State Legislature to amend RCW 13.34.100 to eliminate the “good cause” exception and provide funding for CASA/GAL services.

- **Problem Statement**

There are many dependent children who do not receive the Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) representation to which they are entitled under federal law. RCW 13.34.100, in part, provides that: “(1) The court *shall* appoint a guardian ad litem for a child who is the subject of an action under this chapter, *unless a court for good cause finds the appointment unnecessary*. The requirement of a guardian ad litem may be deemed satisfied if the child is represented by independent counsel in the proceedings. (2) If the court does not have available to it a guardian ad litem program with a sufficient number of volunteers, the court may appoint a suitable person to act as guardian ad litem for the child under this chapter. Another party to the proceeding or the party's employee or representative shall not be so appointed.”

Because of inadequate CASA/GAL resources in some counties, “good cause” is not a narrow exception applied to a relatively few cases; in fact there are many children in dependency proceedings in Washington who are without a CASA/GAL, apparently based on the “good cause” exception. Because placement with a relative is one factor considered in counties that have to ration CASA/GALs due to lack of resources, children in kinship care are disproportionately affected and unrepresented by a CASA/GAL.

- **Recommendation**

Remove the “good cause” exception from RCW 13.34.100, in accordance with the provisions of the Child Abuse Prevention and Treatment Act (CAPTA).

- **Rationale**

CAPTA designates federal funding for states to establish special programs for child victims of abuse or neglect. In part, it mandates the appointment of a CASA/GAL to represent every dependent child. Washington State is currently receiving CAPTA funding through DSHS, although the funding is not being used to support the GAL mandate. Currently, Washington does not appoint a CASA/GAL to every dependent child because of the “good cause” exception provided for in statute.

- **Cost/Savings**

This proposal would initially entail significant cost for the state and local governments. Ultimately, however, the state might save money by having CASA/GALs to represent the best interests of children in court. This could result in (1) fewer continuances and (2) fewer placement changes (which may prevent the child from ending up in the juvenile justice system, from having to repeat grades in school, etc.).

*~ Recommendation III.D.: Fund Legal Information Packet and/or
Kinship Legal Issues Website ~*

*This is a medium priority/short-term recommendation. Legislative
action may be required if the funding cannot be found within the
current DSHS budget.*

- **Problem Statement**

Many kinship caregivers surveyed for the WSIPP report indicated that the lack of information about policies and laws applicable to them is a major barrier to being able to provide for the children. There is an array of legal options that kinship caregivers must consider when deciding whether and how to formalize their relationship with the child they are raising. In the WSIPP study, caregivers reported that they often do not have access to information or counsel regarding those legal options. There is an excellent resource on those issues entitled *Grandparents Raising Grandchildren: A Legal Guide for Washington State*, but that booklet is out-of-date and out of print due to lack of funding.

- **Recommendation**

Obtain funding to update and reprint the existing legal booklet and/or create a new packet of legal information for kinship care providers that can be made available to all relatives caring for children in the child welfare system; to all kinship caregivers who are recipients of child-only TANF grants; and, upon request, to any other kinship caregiver in the Washington State. The legal information packet might be integrated into the broader resource packet addressed as part of the *public education and awareness campaign* recommendation above (see page 16).

In addition to and/or instead of a printed booklet, the legal information might be able to be provided on a website in a format that would allow kinship care providers to download and print it at home or at a local public library. One possibility would be to add the legal information for kinship caregivers to an existing website, such as the state court website, DSHS website, or non-profit legal organization website.

- **Rationale**

A booklet or website with clear, understandable legal information for kinship caregivers would meet a need that was clearly identified in the WSIPP study. If the website included self-help materials, it would allow some kinship caregivers to resolve their legal situations on their own without needing to access additional legal resources. Kinship legal information is also a critical and integral piece of the recommendation on establishing an aggressive public education and awareness campaign on kinship care issues (page 16).

- **Cost/Savings**

The cost of this recommendation would be relatively minimal (no more than \$50,000), particularly if we were able to make use of the existing *Grandparents Raising Grandchildren: A Legal Guide for Washington State* booklet and to obtain permission to place legal resource materials in a special “kinship caregiver” section of an existing website. Although the cost benefit might be difficult to measure, there would undoubtedly be savings to the state when kinship caregivers can obtain adequate information and are able to quickly and independently resolve their legal status issues. Such resolution could lead to fewer children placed in the foster care system.

~ *Recommendation III.E.: Educate Attorneys and Judges about Kinship Care Issues* ~

*This is a medium priority/long-term recommendation.
No legislative or regulatory action is needed.*

- **Problem Statement**

Many judicial officers who hear dependency and family law cases and attorneys practicing in these areas are unaware of the increasingly complex legal and social issues involving kinship care for children. Many do not know how to best insure that appropriate relatives are consulted and utilized as caregivers. Current Continuing Legal Education (CLE) and Continuing Judicial Education (CJE) programs are silent on these issues.

- **Recommendation**

A new curriculum exists for judges addressing juvenile and family law areas. This curriculum was recently written through the auspices of the Superior Court Judges Association Family and Juvenile Law Committee. **A unit in the curriculum should be developed to address kinship care issues.** A further education effort could include instructing judges about kinship care and Interstate Compact on the Placement of Children (ICPC) issues and activities to ensure that all

responsible parties have undertaken proper search for relative placements. Judges active in the juvenile/family law area would be natural contact points and have already urged that this curriculum be presented to new judicial officers at the mandatory state Judicial College. Experienced judicial officers should be offered programs on kinship care issues at judicial conferences each year. CLE programs for attorneys should be developed and offered through the Washington State Bar Association or other organizations, which sponsor CLE programs.

- **Rationale**

Providing mandatory education to new judicial officers will ensure that they are knowledgeable about kinship care when they encounter a case. Most judicial officers will serve a rotation in juvenile court within their first few months or years on the bench. CJE and CLE programs will allow sitting judges and practicing attorneys to refresh their skills and learn about new developments in kinship care. Offering CLE programs near the end of the calendar year may draw more attorneys in need of CLE credits prior to their filing deadline.

- **Cost/Savings**

The costs of implementing these programs should have very little impact on state government. Currently all newly elected or appointed judicial officers must attend judicial college, which is held each year. In addition, all sitting judicial officers are required to obtain a minimum of 15 hours of CJE each year. The curriculum to which this unit could be attached currently exists, and most likely needs only minor additions to include kinship care issues. The venues already exist in the annual Superior Court Judges Spring Conference and the State Judicial Conference each fall.

Attorneys also must accumulate 15 hours of CLE each year, and this is generally provided by entities outside of the state government. Proper timing can increase the attendance at seminars addressing kinship issues.

*~ Recommendation III.F.: Support Development of a
Statewide Unified Family Court (UFC) ~*

This is a medium priority/long-term recommendation. Implementation of Unified Family Courts in counties throughout the state requires the participation and cooperation of a significant number of partners, including local governments, judges and attorneys, and private citizens.

- **Problem Statement**

In most counties, family courts manage matters such as dissolution cases, paternity actions, non-parental custody petitions, and domestic violence protection orders. Juvenile courts have exclusive and original jurisdiction under RCW 13.04.030 over juvenile dependency actions, parental rights termination cases, Child In Need of Services, and At Risk Youth cases, as well as juvenile offender matters. If families have cases involving both courts, juvenile court has superior jurisdiction. Each court has different rules and procedures; for example, juvenile courts are closed proceedings. Kinship caregivers and the children they care for need better access to a court system that addresses their unique needs. The concept of a UFC means to unify court functions relating to family law and child welfare cases. The idea is to reduce duplication of efforts and combine resources to meet the needs of families more efficiently in terms of judicial resources as well as services to the families.

In the WSIPP study, kinship caregivers indicated that the complexity and costs of the legal system present a significant challenge when they attempt to establish permanent legal relationships with children in their care. The study further notes that kinship caregivers need more assistance in navigating the legal system. For relative caregivers who often enter into these cases by “accident” when a child comes into their care, navigating the maze of court cases, often without financial resources for an attorney, is very daunting. In fact, there is sometimes an impassable barrier accessing proper court orders and services for the children involved. UFCs help to alleviate these obstacles.

- **Recommendation**

Each county should operate its own form of Unified Family Court.

A Unified Family Court creates a system that provides more uniformity, communication, and efficiency for the court and the litigants – the families the court is serving.

The courts and the Board of Judicial Administration have already begun to examine conversion of county courts to a UFC system. Recently, the Board for Judicial Administration took on a wide array of court administration problems by creating a high level task force of

judicial officers, attorneys, and interested parties called Project 2001. One of the issues taken up by Project 2001 and the Supreme Court Domestic Relations Task Force was assessing the benefits of UFC systems. The conclusion was that the creation of UFCs would be very beneficial to the families of Washington State.

- **Rationale**

The unification of all complaints, petitions and case types within one legal case processing and management system provides less costly and damaging, more efficient, and consistent and longer lasting resolution of the problems presented. With UFC there is improved delivery to the public of both legal and social services. The unified system can empower persons who are unable, either financially or emotionally, to participate in multiple suits at different levels of the court system.

A UFC coordinates the work of independent agencies and tribunals, each with some limited role in resolving the controversies incident to a family's legal matters. Experience has demonstrated the procedural effectiveness of a UFC model in processing the judicial issues for youth involved in more than one legal situation. UFCs operate successfully in King County at the Regional Justice Center, and in Thurston, Snohomish, and Clallam Counties.

Benefits of case management through a UFC system include: court has greater access to information in family-related cases, including access to social history, evaluations and other cases; different types of cases involving the same family are coordinated; inconsistent, duplicative or conflicting court orders and services are minimized; early referral to appropriate service and evaluations; early identification and resolution of procedural difficulties; specialized judicial caseload; and enhanced communication between court and ancillary agencies.

- **Cost/Savings**

Establishing UFCs will have different financial impacts in each county. As with any project, there will be costs associated with implementation. However, there should be cost savings in the long run due to a more efficiently run court system. Under UFC there should be fewer errors and less ongoing litigation in multiple forums. Existing projects in the state can provide more detailed cost analysis.

IV. Social Services

~ Recommendation IV.A.: Support Statewide Respite Care Inventory ~
This is a high priority/short-term recommendation. Legislative action would be required to secure the needed public funding.

- **Problem Statement**
In Washington State, no specific respite care program exists for kinship caregivers and there is no comprehensive system for the delivery of respite care services. Existing services are scattered across a variety of programs, serving different populations, utilizing different funding streams, and applying different eligibility rules. There is currently no statewide listing of respite care services.
- **Recommendation**
Support a statewide inventory of respite care services, modeled on the inventory recently completed by the Respite and Crisis Care Coalition of Washington State (RCCCWA) for King County. The Workgroup recommends that this effort be organized and funded through a public-private partnership.
- **Rationale**
SHB 1397 charged the Kinship Care Workgroup with designing a system to make kinship care a “robust” alternative to foster care, and respite care services are clearly a key component. Creating a statewide inventory of respite care services will provide the basis for development of a coordinated statewide system of respite care services. A statewide inventory might also help prepare Washington State to receive funding under the Lifespan Respite Act (see Recommendation V.A. on page 35).
- **Cost/Savings**
We estimate a one-time \$50,000 cost for the statewide inventory. Private dollars may be available to partially fund this effort.

*~ Recommendation IV.B: Provide Respite Care Services
for Kinship Caregivers ~*

***This is a high priority/long-term recommendation. Legislative action
will be required to change the current respite statute (Chapter 74.41
RCW) as well as authorize new respite care funding.***

- **Problem Statement**

Currently, in Washington State, respite programs exist for family caregivers caring for persons with developmental or functional disabilities and licensed foster parents. There are no respite programs designed specifically to meet the unique needs of relative caregivers.

Respite care is an urgent need for many kinship families. Whether for practical purposes such as attending to medical, legal, or other necessary appointments, or for meeting emotional needs for relief from stressful caregiving, respite care is key to maintaining the stability of kinship families.

Raising any child requires an enormous commitment of time and energy. Many children enter kinship care because of their parents' chemical dependency problem, physical abuse, neglect, or a combination of the three. Consequently, children in kinship care tend to experience more emotional and behavioral difficulties than most children, and many kinship caregivers can be overwhelmed by the day-to-day challenges in raising these children. According to *Generations United*, in 1997, 33.6% of grandmother/caregivers reported their state of health as fair or poor. Other research shows that up to 60% of all family caregivers report more depression as a result of their caregiving. Given this reality, the WSIPP report shows respite care was a primary request by focus group participants and survey respondents, who viewed it as a “*vital service, providing time to recharge personal batteries.*”

- **Recommendation**

- ≈ **Design and implement a respite pilot project to meet the unique needs of kinship providers.**

- ≈ **Broaden the Respite Care Services statute (Chapter 74.41 RCW), administered by the Aging and Adult Services Administration of DSHS, to include kinship caregivers who care for children under the age of 18, with or without a functional disability, with sufficient additional funds to expand respite care services to this broader population.**

≈ **Provide funding to support respite care services for unlicensed relative caregivers, caring for related children placed by the Division of Children and Family Services.**

- **Rationale**

SHB 1397 charged the Kinship Care Workgroup with designing a system to make kinship care a “robust” alternative to foster care; respite care services are an identified and necessary component in that system.

The pilot project will be a first step in developing a respite service delivery system for kinship families, which can serve as a model for other communities throughout the state. Through a selection process such as a Request for Proposal (RFP), one or more counties or DSHS or Area Agency on Aging regions can be awarded funds to design and deliver kinship respite services. An evaluation component should be included to demonstrate the outcomes of the pilot project.

Currently, unpaid caregivers who provide care to adults with a functional disability are eligible for both respite care services and other support services under the Family Caregiver Support Program (Chapter 74.41 RCW). By broadening the eligibility criteria under this statute to include kinship caregivers, who are the primary caregivers to children 19 years and younger (with or without a functional disability), and providing additional funding, these services could be made available to kinship caregivers.

Respite care services have remained an unmet need for caregivers across all populations and groups. The current foster care budget identifies funds to support licensed foster parents with regular respite care services, but there is no similar provision for unlicensed relative caregivers. In rare circumstances, some unlicensed relative caregivers may receive respite services for children with extremely high needs. Unlicensed relatives, caring for children placed by DCFS, have no standardized access to respite care services. Efforts to increase and maintain successful relative placements must include necessary funding to support respite care services.

- **Cost/Savings**

We estimate a \$250,000 annual budget for the first two years of the pilot project. Private dollars may be available to partially fund this project. For respite care services under Chapter 74.41 RCW, the Workgroup recommends an initial investment of \$400,000 annually. Additionally, the Workgroup recommends an initial investment of \$50,000 annually for respite for relative caregivers caring for related children placed by the Division of Children and Family Services.

In the long run, preventing caregiver burnout will result in cost savings attributable to fewer children entering the formal foster care system.

*~ Recommendation IV.C.: Establish
Relative Caregiver Support Services Fund ~*

*This is a high priority/short-term recommendation. Legislative action
would be required to provide the necessary funding.*

- **Problem Statement**

Respondents to the recent RAPP survey cited additional financial resources as their biggest need. Some reported that they continually struggle to afford clothing, school supplies, recreational activities, and other necessities, especially as children grow older. Others cited the need for one-time emergency assistance.

It is estimated that less than half of relative caregiver families in Washington State are currently accessing benefits or services through DSHS programs. Foster parents and relative caregivers in the “formal” system have access to the most resources, although the current fund (\$1 million for the biennium) to provide emergency support to relative caregiver families served by the Children's Administration is inadequate. Caregivers on TANF have access to considerably fewer resources. Many other kinship caregivers receive nothing at all from the state.

- **Recommendation**

- ≈ **Double the current funding for emergency support services through the Children's Administration.**
- ≈ **Establish a relative caregiver support services fund, with monies possibly distributed through private, non-profit agencies.** The fund would provide support services as needed to all relative caregivers except those in the foster care system or otherwise served by the Children's Administration funding identified above.

- **Rationale**

- ≈ Increasing emergency support services funding will better meet the needs of relative caregivers served by the Children's Administration outside the foster care system.
- ≈ The support services fund would begin to address the emergency support service needs of the large number of relative caregiver

families not currently assisted by Children's Administration programs.

- **Cost/Savings**

Doubling current emergency support services funding would mean an increase from \$500,000 to \$1 million annually (from \$1 million to \$2 million for the biennium). For the support services fund, the Workgroup recommends a \$10 million annual allocation (\$20 million for the biennium). Using WSIPP's estimate of 28,600 children in informal kinship care settings, a \$10 million fund would make an average of about \$350 available yearly for each of these children. There would also be administrative costs involved in the distribution of support services funds.

V. Issues for Federal Action

~ Recommendation V.A.: Support Passage of the Lifespan Respite Care Act of 2002 (Senate Bill 2489) and Prepare Washington State to Receive Funding under the Act ~

This is a high priority/short-term recommendation, which depends upon the U.S. Congress. Legislative action may be needed to procure state matching funds.

- **Problem Statement**

The consistent and overwhelming message from relative and kinship caregivers is the need for routine and emergency relief from caregiving responsibilities of their related children. The ability to access respite services is a key component for successful and long-term placement for children in kinship family homes; but it is a resource that is either scarce or non-existent to many relative and kinship caregivers.

- **Recommendation**

The Workgroup recommends that Washington State lobby in support of SB 2489, and that DSHS take steps that will result in Washington State being selected to receive funding under the Act.

If Senate Bill 2489 passes Congress, Washington State will need to follow its requirements, guidelines, and standards in order to receive funding. Successful planning activities and actions now would result in Washington State being a primary recipient of benefits under Senate Bill 2489.

- **Rationale**

The *Lifespan Respite* model recognizes the need for respite services across diverse populations and across the life span of an individual.

Workgroup participants feel it is critical that public/private partnerships be developed to take active steps to ensure kinship caregivers benefit from federal legislation and funding. As of April 2001, three states (Oregon, Nebraska, and Wisconsin) had passed Lifespan Respite Acts which establish state and local infrastructures for developing, providing, coordinating, and improving access to lifespan respite services for eligible individuals. As competition for funding continues, it is essential that our target population of kinship caregivers benefit from this model.

- **Cost/Savings**

There are minimal costs associated with conducting activities to prepare Washington to receive funding under Senate Bill 2489. A cost analysis should be conducted to determine the benefit and associated cost of establishing a Lifespan Respite Program for Washington State.

~ Recommendation V.B.: Support Amending the National Family Caregiver Support Program Section of the Older Americans Act ~

This is a high priority/long-term recommendation, which will require action by the U.S. Congress.

- **Problem Statement**

Kinship providers who are under the age of 60 are currently not served under the National Family Caregiver Support Program (NFCSP), Title III-E of the Older Americans Act. Approximately one quarter of kinship providers are over the age of 60. This leaves the remainder of kinship providers at an age where accessing traditional parent support services is unrealistic and senior services are inaccessible due to the current policy of serving persons 60 and older.

- **Recommendation**

Washington State should lobby for expansion of the NFCSP under the Older Americans Act to include serving kinship providers 55 and over. This would give the NFCSP the same age requirement as the Senior Community Service Employment Program, Title V of the Older Americans Act.

- **Rationale**

This change would bring much needed support to kinship providers who are currently unserved. In 2000, the National Family Caregiver Support Act (NFCSA) was enacted. This Act established a family caregiver support system that provides a full spectrum of services, such as respite, training, support groups, and counseling. The nation's Area Agencies on Aging, along with local community providers, deliver

these services. At this time, the program is only available to unpaid individuals caring for the elderly, and to a much lesser extent to older relative caregivers caring for children (a limit of ten percent of the funding may serve these caregivers) or older caregivers providing care to children with disabilities. While the NFCSA recognizes the value of and justifies the need for kinship care support services, caregivers under the age of 60 are unfortunately excluded. As a result, many kinship families are forced to search for services, funding, and support in a complicated bureaucratic maze where these resources are often nonexistent.

- **Cost/Savings**

Broadening the NFCSP provision of service would expand services essential for the physical and mental well being of kinship caregivers. This in turn could improve the quality of care provided by these caregivers to the children they are raising, resulting in fewer transitional placements by DSHS.

*~ Recommendation V.C.: Expand Food Stamp Eligibility
to Relative Caregiver Families ~*

*This is a medium priority/long-term recommendation.
It will require action by the U.S. Congress.*

- **Problem Statement**

Some relative caregivers who responded to the RAPP survey reported needing help just “putting food on the table.” Many state they cannot receive food stamps for the children in their care because the entire household is considered a single unit. Household composition rules are established by the Food Stamp Act and therefore cannot be administratively waived. Specifically, 7 CFR 273.1(b) (iii) states that “a child (other than a foster child) under 18 years of age who lives with and is under the parental control of a household member other than his or her parent” must be included in the same household and have their income and resources considered for Food Stamp eligibility. This law would have to be changed to accommodate children cared for by relatives outside foster care.

Since Congress recently reauthorized the food stamp program, members may not want to revisit these issues again in the near future. However, it is conceivable that if national kinship care legislation were introduced in Congress, a food stamp-related provision could be attached.

- **Recommendation**
The Workgroup recommends that Washington State lobby Congress to expand food stamp eligibility for children in the care of relatives.
- **Rationale**
Federally funded food stamps are a resource that is under-utilized by relatives caring for children because of restrictive household composition rules.
- **Cost/Savings**
Aside from the minimal cost of any lobbying effort itself, the actual food stamp allotment cost of expanded food stamp eligibility would be borne by the federal government. There could be increased administrative complexity and workload costs associated with this proposal.

VI. CONCLUSION

~ Recommendation VI.A.: Establish and Fund Oversight Committee to Continue Kinship Care Workgroup Mission ~

*This is a high priority/short-term recommendation.
Legislative action will be required to provide necessary funding.*

- **Problem Statement**
Building on the groundwork laid by Representative Kip Tokuda's previous meetings with kinship caregivers and advocates and by the focus groups convened for the WSIPP kinship care study, a committed and dedicated group of caregivers, advocates, DSHS staff, and partners worked together to formulate the recommendations in this report. Some of these recommendations may require refinement before they are implemented, while all will require continued oversight during implementation. It is particularly important to keep in perspective that kinship families are a valuable resource, and in our quest to assist and embrace them we must be extremely careful that we do not inadvertently create more barriers or hardships for caregivers to overcome.
- **Recommendation:**
Create a statewide oversight committee to monitor, guide, and report overall progress on kinship recommendations and implementation activities. The committee will be charged with:
≈ **Drafting a kinship care definition and set of principles,**

- ≈ **Refining the recommendations contained in this report where appropriate,**
- ≈ **Monitoring the implementation of recommendations in this report,**
- ≈ **Guiding the public education and awareness campaign,**
- ≈ **Assisting with developing future recommendations on kinship care issues, and**
- ≈ **Reporting biannually to the Legislature on the progress made.**

The oversight committee will be comprised of a minimum of 30 percent kinship caregivers, who shall represent a diversity of kinship families. Statewide representation with geographic, ethnic, and gender diversity is required. Other members should represent DSHS and other relevant state agencies, the private nonprofit and business sectors, child advocates, and the legal or judicial field. Birth parents, foster parents, and others who have an interest in these issues may also be included.

The committee will be supported by and receive financial assistance from DSHS and have a direct link with DSHS executive management.

- **Rationale**
The Kinship Care Workgroup represents a significant but only partial first step toward comprehensively addressing the needs of relative caregivers and the children in their care. There is a clear need for an ongoing oversight body to ensure that the recommendations outlined in this report become reality.
- **Cost/Savings**
Additional resources will be needed to support dedicated staff for an oversight committee. Also, in order to facilitate maximum participation by relative caregivers, the Workgroup recommends that the Legislature appropriate sufficient additional funds to defray the travel and child care expenses of kinship families who choose to participate.

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CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1397

57th Legislature
2002 Regular Session

Passed by the House March 9, 2002
Yeas 94 Nays 0

Speaker of the House of Representatives

Passed by the Senate March 5, 2002
Yeas 45 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Cynthia Zehnder, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1397** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

Secretary of State
State of Washington

SUBSTITUTE HOUSE BILL 1397

AS AMENDED BY THE SENATE

Passed Legislature - 2002 Regular Session

State of Washington

57th Legislature

2002 Regular Session

By House Committee on Children and Family Services (originally sponsored by Representatives Tokuda, Boldt, Kagi, Benson, Kenney, Cody, Schual-Berke and Santos)

Read first time 02/04/2002. Referred to Committee on .

AN ACT Relating to children placed in the care of relatives; and creating new sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** The legislature recognizes that relatives increasingly are assuming the responsibility for raising the children of their loved ones. The parents of these children are unable to fulfill this responsibility themselves because of various and complex reasons.

The legislature recognizes that these kinship caregivers perform a vital function in our society by providing homes for children who would otherwise be at risk of foster care placement. These homes offer stability to children in crisis and enhance family reunification. Outcome data shows that children in the care of relatives are less likely to enter state custody, and most of these arrangements do not require intensive supervision of the placement by the courts or by the department of social and health services. The legislature recognizes that kinship care is a legitimate and important component in the spectrum of out-of-home placements available to children in need.

The legislature recognizes that these kinship caregivers face many difficulties and need assistance to support the health and well being of the children they care for. These needs include, but are not limited to, legal assistance, respite care services, financial assistance, counseling, and other supportive services.

NEW SECTION. **Sec. 2.** (1) Within existing resources, the department of social and health services shall convene a kinship caregivers working group subsequent to the release in June 2002 of the kinship caregivers study being conducted by the Washington state institute for public policy. The working group shall comprise:

- (a) The children's administration;
- (b) The aging and adult services administration;
- (c) The economic services administration;
- (d) Kinship caregivers; and
- (e) Other stakeholders, such as the grandparents' coalition.

(2) The kinship caregivers working group shall:

- (a) Review the Washington state institute for public policy kinship caregivers study;
- (b) Develop a briefing for the legislature that identifies and prioritizes:
 - (i) The policy issues to be considered in making kinship care a robust component of the out-of-home placements spectrum including consideration of a financial means test;
 - (ii) The federal and state statutes associated with these policy issues; and
 - (iii) Options for addressing these policy issues; and
- (c) Submit the briefing to the appropriate committees in the senate and house of representatives by November 1, 2002

RELATIVES-KINSHIP SEARCH AND PLACEMENT CONSIDERATION

Initiate when an out-of-home placement or a change of placement of a child is being considered or has occurred. When an agency receives a tribal verification of tribal membership or eligibility for membership, you must use the Indian Child Welfare Placement Preference and Considerations Documentation form.

[Note: This form contains data classified as private under the Minnesota Government Data Practices Act. It can't be released to parents or others without the consent of the subjects of the data.]

WORKGROUP NAME: _____ CASE: _____

CASE WORKER: _____ PHONE: _____

BEGIN DATE: _____ END DATE: _____

RELATIVE SEARCH END DATE:

RELATIVE SEARCH END REASON:

- ☐ CHILD RETURNED OR STAYED HOME
☐ COURT APPROVED COMPLETED SEARCH
☐ COURT APPROVED PARENTAL OBJECTION

SECTION 1

CHILD INFORMATION

NAME:	DOB:	RACE:
-------	------	-------

SECTION 2

PARENT'S INFORMATION

MOTHER:	DOB:	RACE:
ADDRESS:		PHONE:
DOES MOTHER OBJECT TO RELATIVE SEARCH? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN		
FATHER:	DOB:	RACE:
ADDRESS:		PHONE:
PATERNITY STATUS: <input type="checkbox"/> ALLEGED <input type="checkbox"/> SIGNED AN ACKNOWLEDGMENT OF PATERNITY OR A RECOGNITION OF PATERNITY <input type="checkbox"/> ADJUDICATED BY COURT ORDER <input type="checkbox"/> MARRIED TO MOTHER AT TIME OF BIRTH <input type="checkbox"/> LIVES WITH THE CHILD AND HOLDS THE CHILD OUT AS HIS OWN <input type="checkbox"/> BLOOD TESTS HAVE PRESUMPTIVELY ESTABLISHED PATERNITY		
DOES FATHER OBJECT TO RELATIVE SEARCH? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN		

SECTION 3

CONSULTATIONS

THE CHILD'S PARENTS WERE TOLD ABOUT REQUIREMENT TO CONSIDER PLACEMENT WITH RELATIVES/IMPORTANT FRIENDS:

- ☐ YES
☐ NO

THE CHILD'S PARENTS REQUEST NOT TO PLACE CHILD WITH RELATIVES/IMPORTANT FRIENDS:

- ☐ YES
☐ NO, EXPLAIN:

THE CHILD'S PARENTS REQUEST SAME OR SIMILAR RELIGIOUS BACKGROUND. (MN STATUTES, SECTION 260.181, SUBD.3):

- ☐ YES
☐ NO, EXPLAIN

THE CHILD'S PARENTS WANT PLACEMENT WITH:

EXPLAIN:

THE CHILD'S PARENTS OR GUARDIAN WERE CONSULTED CONCERNING RELATIVES WHO MIGHT PROVIDE CARE:

- ☐ YES
☐ NO, EXPLAIN:

THE CHILD'S PARENTS OR GUARDIAN WERE CONSULTED CONCERNING IMPORTANT FRIENDS WITH WHOM THE CHILD HAS RESIDED OR HAD SIGNIFICANT CONTACT WHO MIGHT PROVIDE CARE:

- ☐ YES
☐ NO, EXPLAIN:

THE CHILD WAS CONSULTED CONCERNING RELATIVES WHO MIGHT PROVIDE CARE:

- ☐ YES
☐ NO, EXPLAIN:

THE CHILD WAS CONSULTED CONCERNING IMPORTANT FRIENDS WITH WHOM THE CHILD HAS RESIDED OR HAD SIGNIFICANT CONTACT WHO MIGHT PROVIDE CARE:

- ☐ YES
☐ NO, EXPLAIN:

THE CHILD WANTS TO LIVE WITH:

EXPLAIN:

SOCIAL SERVICE AGENCIES WERE CONSULTED CONCERNING RELATIVES WHO MIGHT PROVIDE CARE:

- ☐ YES
☐ NO, EXPLAIN:

Social service agencies were consulted concerning important friends with whom the child has resided or had significant contact who might provide care:

- ☐ Yes
☐ No, Explain:

The guardian ad litem was consulted concerning relatives who might provide care:

- ☐ Yes
☐ No, Explain:

The guardian ad litem was consulted concerning important friends with whom the child has resided or had significant contact who might provide care:

- ☐ Yes
☐ No, Explain:

Other persons who were consulted about the child, with written consent of the parent or guardian:

Name:
Explain:

Other persons who were consulted about the child, with written consent of the parent or guardian:

Name:
Explain:

SECTION 4

RELATIVES

- ☐ MATERNAL RELATIVE ☐ PATERNAL RELATIVE

NAME:	DOB:	GENDER:
-------	------	---------

RELATIONSHIP TO CHILD:

SPOUSE:	DOB:	GENDER:
---------	------	---------

ADDRESS:	PHONE:
----------	--------

AGENCY HISTORY?

- ☐ No
☐ YES, EXPLAIN:

DOES PARENT OBJECT TO CONTACTING THIS PERSON?

- ☐ No
☐ YES, EXPLAIN:

HAS THE CHILD EVER LIVED WITH THIS PERSON?

- ☐ No
☐ YES, IF YES, WHEN? FOR HOW LONG?

Appendix 2
Minnesota Placement Form

IS THIS PERSON WILLING TO CARE FOR CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN:
IS THIS PERSON WILLING TO COMMIT TO BEING THE LEGAL PERMANENT RESOURCE FOR THE CHILD, IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN:
<input type="checkbox"/> RELATIVE INFORMED IN WRITING THAT REFUSAL NOW MIGHT AFFECT RELATIVE'S CONSIDERATION AS A PLACEMENT RESOURCE LATER.
WERE SUPPORTIVE SERVICES, TRAINING OR EDUCATION OFFERED TO ASSIST EXTENDED FAMILY MEMBERS IN ACCEPTING PLACEMENT OF THE CHILD? <input type="checkbox"/> YES, DATE: ____/____/____ <input type="checkbox"/> NO, EXPLAIN:
CONTACT DATE(S) (IF NOT CONTACTED, STATE WHY):
COMMENTS:
ARE YOU RULING THIS PERSON OUT AS A PLACEMENT RESOURCE? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:
IS THIS A VIABLE PLACEMENT OPTION FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN:

SECTION 5

☐ NOT APPLICABLE (PLACEMENT WITH A RELATIVE IS BEING CONSIDERED)

IMPORTANT FRIEND (KIN)		
NAME:	DOB:	GENDER:
RELATIONSHIP TO CHILD:		
SPOUSE:	DOB:	GENDER:
ADDRESS:	PHONE:	
AGENCY HISTORY? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:		

CRIMINAL HISTORY? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN:	
DOES PARENT OBJECT TO CONTACTING THIS PERSON? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN:	
HAS THE CHILD EVER LIVED WITH THIS PERSON? <input type="checkbox"/> No <input type="checkbox"/> YES, IF YES, WHEN? FOR HOW LONG?	
IS THIS PERSON WILLING TO CARE FOR CHILD? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN:	
IS THIS PERSON WILLING TO BEING THE LEGAL PERMANENT RESOURCE FOR THE CHILD, IF NECESSARY? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN:	
<input type="checkbox"/> FRIEND INFORMED IN WRITING THAT REFUSAL NOW MIGHT AFFECT FRIEND'S CONSIDERATION AS A PLACEMENT RESOURCE LATER.	
WERE SUPPORTIVE SERVICES, TRAINING OR EDUCATION OFFERED TO ASSIST THE FRIEND IN ACCEPTING PLACEMENT OF THE CHILD? <input type="checkbox"/> YES, DATE: ____/____/____ <input type="checkbox"/> NO, EXPLAIN:	
CONTACT DATE(S) (IF NOT CONTACTED, STATE WHY):	
COMMENTS:	
ARE YOU RULING THIS PERSON OUT AS A PLACEMENT RESOURCE? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN:	
IS THIS A VIABLE PLACEMENT OPTION FOR THIS CHILD? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN:	

SECTION 6

☐ NOT APPLICABLE (PLACEMENT WITH A RELATIVE OR IMPORTANT FRIEND IS BEING CONSIDERED)

NON-RELATIVE FOSTER CARE PROVIDER	
NAME:	
ADDRESS:	PHONE:

HAS THE CHILD EVER BEEN PLACED WITH THIS PROVIDER? <input type="checkbox"/> No <input type="checkbox"/> YES, IF YES, WHEN? _____ FOR HOW LONG? _____	
IS THIS PROVIDER WILLING TO ACCEPT CHILD FOR PLACEMENT? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN: _____	
IS THIS PROVIDER AVAILABLE FOR PLACEMENT? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN: _____	
WERE SUPPORTIVE SERVICES, TRAINING OR EDUCATION OFFERED TO ASSIST THE NON-RELATIVE FOSTER CARE PROVIDER IN ACCEPTING PLACEMENT OF THE CHILD? <input type="checkbox"/> YES, DATE: ____/____/____ <input type="checkbox"/> NO, EXPLAIN: _____	
CONTACT DATE(S) (IF NOT CONTACTED, STATE WHY): _____	
COMMENTS:	
ARE YOU RULING THIS PROVIDER OUT AS A PLACEMENT RESOURCE? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN _____	
IS THIS A VIABLE PLACEMENT OPTION FOR THIS CHILD? <input type="checkbox"/> No <input type="checkbox"/> YES, EXPLAIN: _____	

SECTION 7

PLACEMENT RECOMMENDATION	
NAME OF RECOMMENDED HOME/FACILITY: _____	
REASON THIS HOME/FACILITY WAS SELECTED: (CHECK ALL THAT APPLY)	
<input type="checkbox"/> INPUT FROM FAMILY <input type="checkbox"/> INPUT FROM THERAPIST <input type="checkbox"/> INPUT FROM GAL <input type="checkbox"/> INPUT FROM TRIBE <input type="checkbox"/> INPUT FROM OTHER <input type="checkbox"/> RELATIVE/KIN <input type="checkbox"/> ALL KNOWN RELATIVES RULED OUT <input type="checkbox"/> WILLING TO CARE FOR SIBLING GROUP <input type="checkbox"/> CARED FOR SIBLING IN PAST OR IS CARING FOR SIBLING <input type="checkbox"/> CAN ADDRESS/MET THE CHILD/ SPECIAL NEEDS <input type="checkbox"/> ACCEPTS/ADDRESS THE CHILD'S BEHAVIOR/OTHER NEEDS <input type="checkbox"/> OUTSIDE RESOURCES AVAILABLE <input type="checkbox"/> ABILITY AND WILLINGNESS TO USE OUTSIDE RESOURCES <input type="checkbox"/> WILL PROVIDE TRANSPORTATION	<input type="checkbox"/> OPEN TO FAMILY CONTACT <input type="checkbox"/> GEOGRAPHICALLY CLOSE TO FAMILY <input type="checkbox"/> SIMILAR LIFESTYLE TO FAMILY <input type="checkbox"/> NUMBER, GENDER, AGE OF PROVIDER FAMILY MEMBERS <input type="checkbox"/> PARENTING STYLE <input type="checkbox"/> SIMILAR RELIGIOUS BACKGROUND <input type="checkbox"/> CAN SUPPORT/MET OTHER CULTURAL NEEDS OF THE CHILD <input type="checkbox"/> INTEREST AND TALENTS SIMILAR TO THE CHILD'S <input type="checkbox"/> HELP THE CHILD DEAL WITH PLACEMENT AND THE PAST <input type="checkbox"/> WILLING TO BE PERMANENT PLACEMENT <input type="checkbox"/> EMERGENCY PLACEMENT <input type="checkbox"/> WILLING TO MENTOR PARENT/SUPPORT REUNIFICATION <input type="checkbox"/> OTHER (SPECIFY): _____ <input type="checkbox"/> OTHER (SPECIFY): _____

Appendix 2
Minnesota Placement Form

WHO PARTICIPATED IN CHOOSING THIS HOME/FACILITY?	
<input type="checkbox"/> _____, PARENT <input type="checkbox"/> _____, PARENT <input type="checkbox"/> _____, CHILD	<input type="checkbox"/> _____, SOCIAL SERVICE AGENCY <input type="checkbox"/> _____, GUARDIAN AD LITEM <input type="checkbox"/> _____, OTHER (SPECIFY):

SECTION 8

PLACEMENT DECISION
WAS THE CHILD PLACED IN THE HOME/FACILITY RECOMMENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN
NAME OF HOME/FACILITY THE CHILD IS PLACED AT:

SECTION 9

ADDITIONAL INFORMATION AND COMMENTS

California Family Code

6550. (a) A caregiver's authorization affidavit that meets the requirements of this part authorizes a caregiver 18 years of age or older who completes items 1-4 of the affidavit provided in Section 6552 and signs the affidavit to enroll a minor in school and consent to school-related medical care on behalf of the minor. A caregiver who is a relative and who completes items 1-8 of the affidavit provided in Section 6552 and signs the affidavit shall have the same rights to authorize medical care and dental care for the minor that are given to guardians under Section 2353 of the Probate Code. The medical care authorized by this caregiver who is a relative may include mental health treatment subject to the limitations of Section 2356 of the Probate Code.

(b) The affidavit shall not be valid for more than one year after the date on which it is executed.

(c) The decision of a caregiver to consent to or to refuse medical or dental care for a minor shall be superseded by any contravening decision of the parent or other person having legal custody of the minor, provided the decision of the parent or other person having legal custody of the minor does not jeopardize the life, health, or safety of the minor.

(d) No person who acts in good faith reliance on a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the affidavit are completed. This subdivision shall apply even if medical or dental care is provided to a minor in contravention of the wishes of the parent or other person having legal custody of the minor as long as the person providing the medical or dental care has no actual knowledge of the wishes of the parent or other person having legal custody of the minor.

(e) A person who relies on the affidavit has no obligation to make any further inquiry or investigation.

(f) Nothing in this section shall relieve any individual from liability for violations of other provisions of law.

(g) If the minor stops living with the caregiver, the caregiver shall notify any school, health care provider, or health care service plan that has been given the affidavit.

(h) A caregiver's authorization affidavit shall be invalid unless it substantially contains, in not less than 10-point boldface type or a reasonable equivalent thereof, the warning statement beginning with the word "warning" specified in Section 6552. The warning statement shall be enclosed in a box with 3-point rule lines.

(i) For purposes of this part:

(1) "Person" includes an individual, corporation, partnership, association, the state, or any city, county, city and county, or other public entity or governmental subdivision or agency, or any other legal entity.

(2) "Relative" means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

(3) "School-related medical care" means medical care that is required by state or local governmental authority as a condition for school enrollment, including

immunizations, physical examinations, and medical examinations conducted in schools for pupils.

6552. The caregiver's authorization affidavit shall be in substantially the following form:

<p style="text-align: center;">Caregiver's Authorization Affidavit</p> <p>Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.</p> <p>Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.</p> <p>The minor named below lives in my home and I am 18 years of age or older.</p> <p>1. Name of minor: _____.</p> <p>2. Minor's birth date: _____.</p> <p>3. My name (adult giving authorization): _____.</p> <p>4. My home address: _____.</p> <p>5. () I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").</p> <p>6. Check one or both (for example, if one parent was advised and the other cannot be located):</p> <p style="padding-left: 40px;">() I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.</p> <p style="padding-left: 40px;">() I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.</p> <p>7. My date of birth: _____.</p> <p>8. My California's driver's license or identification card number: _____.</p> <p style="text-align: center;">Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.</p> <p>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Dated: _____ Signed: _____</p>

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

California Education Code

48204. Notwithstanding Section 48200, a pupil shall be deemed to have complied with the residency requirements for school attendance in a school district, provided he or she is any of the following: * * *

(d) A pupil who lives in the home of a caregiving adult that is located within the boundaries of that school district. Execution of an affidavit under penalty of perjury pursuant to Part 1.5 (commencing with Section 6550) of Division 11 of the Family Code by the caregiving adult shall be a sufficient basis for a determination that the pupil lives in the caregiver's home, unless the school district determines from actual facts that the pupil is not living in the caregiver's home. * * *